

MONROE COUNTY HEALTH DEPARTMENT

APPLICATION FOR FOOD WORKER RECERTIFICATION

PLEASE PRINT

LAST NAME

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FIRST NAME & MIDDLE INITIAL

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NUMBER AND STREET ADDRESS

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CITY, STATE & ZIP

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HOME TELEPHONE NUMBER

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PLACE OF FOOD SERVICE EMPLOYMENT _____

POSITION HELD _____

MONROE COUNTY FOOD CERTIFICATION EXPIRATION DATE _____

CERTIFICATION NUMBER _____

APPLICANT'S SIGNATURE _____ DATE _____

THE RECERTIFICATION COURSE LENGTH IS APPROXIMATELY TWO HOURS. FOR CLASS SCHEDULE OR ANY ADDITIONAL INFORMATION PLEASE CALL 753-5869.

THE RECERTIFICATION FEE IS \$42.00. PAYABLE WITH SUBMISSION OF THIS APPLICATION BY CASH (CORRECT CHANGE), CHECK OR MONEY ORDER.
PLEASE MAKE CHECKS PAYABLE TO: **MONROE COUNTY HEALTH DEPARTMENT.**

If applying by mail, PLEASE SEND FORM AND CHECK TO:

MONROE COUNTY HEALTH DEPARTMENT
Food Certification – Room 1020
P.O. Box 92832
111 Westfall Road
Rochester, N. Y .14692

ON DAY OF CLASS PLEASE GO TO **WINDOW 4** IN THE MAIN LOBBY TO OBTAIN A PASS FOR ROOM 1032.